KENTUCKY STATE BOARD FOR PROPRIETARY EDUCATION

911 Leawood Drive (40601) PO Box 1360 Frankfort, Kentucky 40602 (502) 564-3296, ext. 239

APPLICATION TO REVISE AN EXISTING PROGRAM

INSTITUTION INFORMATION:	Date :	
Complete Name of Institution:		
Complete Mailing Address:		
Administrative contact person, e-mail Address, and FA	AX number:	
Official Title of Program to be Changed:		
Type of program: Diploma Certificate	Associate Degree:	(Type:
Date Institution Founded:		
Complete Names and Titles of School Officials:		
School Owner(s):		
Corporation Name:		
Briefly state the school's philosophy and objectives: _		

ACCREDITATION List all agencies currently accrediting or approving this school: REQUESTED PROGRAM CHANGE INFORMATION Objective of program after change: ______ Length of program: From: ______To: _____ Cost of current program to students: \$_____ Will this cost change? Yes ___ No ___ If yes, state new cost to students: \$ _____ Attach a complete course description with credit hours for each course in program (marked Exhibit A). Identify all new courses to be offered: List performance objectives, indicating skills and understanding student will have upon completion of the program (marked Exhibit B). Attach an inventory of equipment needed identifying all new equipment to be utilized (marked Exhibit C). Attach a list of qualifications of all instructors and a form PE-14, School Personnel Form, for each instructor (marked Exhibit D). I certify that the information contained on this application and all attachments to be true and correct to the best of my knowledge.

This application and all supporting material must be submitted in triplicate with the application fee of \$150, by check or money order made payable to the *Kentucky State Treasurer*, to the office of the Kentucky State Board for Proprietary Education. DO NOT SEND CASH.

Date

Signature of School Director